

STATE OF MARYLAND DEPARTMENT OF STATE POLICE OFFICE OF THE STATE FIRE MARSHAL

http://mdsp.org/firemarshal



APPLICATION FOR SERVICING AND REPAIRING PORTABLE FIRE EXTINGUISHERS

APPLICATION TYPE:	NEVV [RENEWA	\∟ (Curre	ent Certification	Number	:	Expirati	on Date:	<i>,</i>
Application is hereby extinguishers in the S				for a	a Licens	e to se	rvice, repa	air, fill or refill	l portable fire
I hereby agree that all business will be in acc									
Applicant Name:					Date of I	Birth:			
Home Address:									
City:					State:			Zip Code:	
Home Phone:					Email:				
Business Name:									
Business Address:									
City:					State			Zip Code:	
Business Phone:					Fax:				
NEW Applicants Mu	st Comple	te this Sec	tion .						
1. Submit a resume 2. New or expired a 3. Do you intend to 4. Do you intend to 5. If you answered "I The business must business Name: 6. How many years extinguishers? All work shall be on the premises of Regulations under the be reminded if your of State Fire Marshal in	perform L perform H No" to eithe st be licens of experi- performed of the licens e guideline company h	will be recommended with the ence do you in compliance.	quired to ta re Testing? ure Testing? above, you re State Fire ou have in a nce with add	tke a written extra YES The YE	xam bas No No No No No No Will be e. Lie Illing, test	ed on I	ming that voc.: ng or refile opy of this	vork. ling portable standard sha of issuance.	all be Also
Applicant Signature:					D	ate:		-	

APPLICATION INSTRUCTIONS

- 1. **NEW Applicants-** Submit with your application: a resume of qualifications, training, employment history and copies of any current certifications.
- 2. Permit holders shall give the State Fire Marshal written notice of change of address within ten (10) business days after the change.
- 3. All areas of this application must be completed before submission. Failure to complete any part of this application may result in a delay in the processing of this application. Thank you for completing this application in its entirety.

SUBMIT APPLICATION AND TO: Office of the State Fire Marshal Voice: 410-836-4844

Mary E. W. Risteau Multi-Service Center

2 South Bond Street, Suite 401

Bel Air, MD 21014

<u>WARNING:</u> ANY PERSON WHO WILLFULLY MAKES A FALSE STATEMENT ON THIS APPLICATION IS GUILTY OF A MISDEMEANOR AND ON CONVICTION IS SUBJECT TO A FINE OF NOT MORE THAN \$1,000.00 OR IMPRISONMENT NOT EXCEEDING THREE (3) YEARS, OR BOTH.

FOR OFFICE OF STATE FIRE MARSHAL USE ONLY

Date of Testing:					
Test Proctor:		Test Location:			
Passed:	Yes:	Application Approved:	Yes:		
License Number:		Expiration Date:			
Employee Printed Name:			Employee ID Number:		
OSFM En	nployee Signature	Date			